

Clinical Pharmacy Program Guidelines for Vancocin

Program	Prior Authorization
Medication	Vancocin (vancomycin) capsules
Issue Date	6/2009
Pharmacy and Therapeutics Approval Date	8/2017
Effective Date	10/2017

1. Background:

Vancocin (vancomycin) capsules are indicated for the treatment of C. difficile-associated diarrhea and enterocolitis caused by Staphylococcus aureus (including methicillin-resistant strains). Parenteral administration of Vancocin is not effective for the above infections; therefore, Vancocin must be given orally for these infections. To reduce the development of drug-resistant bacteria and maintain the effectiveness of Vancocin capsules and other antibacterial drugs, Vancocin capsules should be used only to treat infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

2. Coverage Criteria:

<p>A. <u>Clostridium difficile-associated diarrhea (CDAD)</u></p> <p>1. <u>Initial Authorization</u></p> <p>a. Vancomycin capsules will be approved based on the following:</p> <p>(1) One of the following:</p> <p style="padding-left: 40px;">(a) Diagnosis of severe or severe complicated Clostridium difficile-associated diarrhea (CDAD), also known as C.difficile pseudomembranous colitis</p> <p style="text-align: center;">-OR-</p> <p>(b) Both of the following:</p> <p style="padding-left: 40px;">i. Diagnosis of mild to moderate Clostridium difficile-associated diarrhea (CDAD), also known as C.difficile</p>

pseudomembranous colitis

-AND-

- ii. History of failure, contraindication, or intolerance to oral Flagyl (metronidazole)

Authorization will be issued for 14 days.

2. Reauthorization

- a. Vancomycin capsules will be approved based on the following:

- (1) Recurrence of *Clostridium difficile* infection after prior treatment with oral Vancocin (vancomycin) capsules

Authorization will be issued for 8 weeks.

B. Staphylococcal enterocolitis

1. Vancomycin capsules will be approved based on the following:

- a. Diagnosis of enterocolitis due to *Staphylococcus aureus*

Authorization will be issued for 10 days.

3. References:

1. Vancocin Prescribing Information. ViroPharma Incorporated, December 2011.
2. Gilbert, DN, et al. The Sanford Guide to Antimicrobial Therapy. Hyde Park, VT: Antimicrobial Therapy, Inc; 2008.
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4. Kelly CP, LaMont JT. Clostridium difficile- more difficult than ever. New Engl J Med. 2008;359:1932-40.
5. Gerding DN, Johnson S, Peterson LR, Mulligan ME, Silva Jr. J. Shea Position Paper. Clostridium difficile-associated diarrhea and colitis. Infect Control Hosp Epidemiol. 1995 Aug;16(8):459-77.
6. Kyne L, Kelly CP. Recurrent Clostridium difficile diarrhea. Gut. 2001;49:152-53.
7. Johnson S. Recurrent Clostridium difficile infection: causality and therapeutic approaches. Int J Antimicrob Agents. 2009;33:S33-36.

8. Lin Z, Kotler DP, Schlievert PM, Sordillo EM. Staphylococcal enterocolitis: forgotten but not gone? Dig Dis Sci. 2009 Jul 16 [epub ahead of print].
9. Bricker E, Garg R, Nelson R, Loza A, Novak T, Hansen J. Cochrane Database Syst Rev. 2005 Jan 25;(1):CD004610. Cochrane Database Syst Rev. 2005 Jan 25;(1):CD004610.
10. Malnick SD, Zimhony O. Treatment of Clostridium difficile-associated diarrhea. Ann Pharmacother. 2002;36(11):1767-75.
11. Mylonakis E, Ryan ET, Calderwood SB. Clostridium difficile-Associated diarrhea: A review. Arch Intern Med. 2001;161(4):525-33.
12. Cohen SH, et al. Clinical practice guidelines for Clostridium difficile infection in adults: 2010 update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). Infection Control and Hospital Epidemiology; 2010; 31(5):431-455.
13. Surawicz CM et al. Guidelines for diagnosis, treatment, and prevention of Clostridium difficile infection. Am J Gastroenterol; 2013; 108:478-498.

Program	Prior Authorization –Vancocin (vancomycin) capsules
Change Control	
Date	Change
June 2009	Criteria taken from previously approved AmeriChoice policy. Policy reformatted.
Dec 2010	Annual Review
March 2011	Annual Review
March 2012	Annual Review
September 2013	Created reauthorization criteria for CDAD. Created criteria specifically for Staphylococcal enterocolitis
September 2014	Criteria reviewed due to FDA approval of First-Vancomycin oral solution compounding kit. First-Vancomycin oral solution compounding kit is non-preferred. No change to clinical criteria.
December 2015	Annual Review
November 2016	Annual review, updated policy template
August 2017	Changed authorization duration for enterocolitis due to <i>Staphylococcus aureus</i> per treatment guidelines